

THE MONTANA STD/HIV

NEWSLETTER

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DPHHS STD/HIV Section

Spring 2006

AIDS Drugs Show Prevention Promise

By MARILYNN MARCHIONE, AP Medical Writer Tue Mar 28, 9:43 AM ET

ATLANTA - Scientists have long believed that a vaccine is the best way to stop the spread of HIV, but efforts to invent one have miserably flopped.

Now they may have found something already on pharmacy shelves that seems to prevent infection.

It's a combination of two drugs that have shown such promise in early experiments in monkeys that officials just expanded tests of them in people around the world.

"This is the first thing I've seen at this point that I think really could have a pre-

vention impact," said Thomas Folks, a federal scientist since the earliest days of AIDS. "If it works, it could be distributed quickly and could blunt the epidemic."

Condoms and counseling alone have not been enough — HIV spreads to 10 people every minute, 5 million every year. A vaccine remains the best hope but none is in sight.

If larger tests show the drugs work, they could be given to people at highest risk of HIV — from gay men in American cities to women in Africa who catch the virus from their partners.

People like Matthew Bell, a 32-year-old hotel manager in San Francisco who volunteered for a safety study of one of the drugs.

"As much as I want to make the right

choices all of the time, that's not the reality of it," he said of practicing safe sex.

"If I thought there was a fallback parachute, a preventative, I would definitely want to add that."

Some fear that this could make things worse.

"I've had people make comments to me, 'Aren't you just making the world safer for unsafe sex?'" said Dr. Lynn Paxton, team leader for the project at the Centers for Disease Control and Prevention.

The drugs would only be given to people along with counseling and condoms, and regular testing to make sure they haven't become infected. Health officials also think the strategy has potential for more people than just gay men, though

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Reuters Photo: Volunteers take part in a march during an AIDS awareness rally in New Delhi, India...

UNITED STATES: Gilead Reluctant to Tout AIDS Pill as Possible Preventive

Associated Press (03.30.06) - Thursday, March 30, 2006

Paul Elias

Researchers emboldened by monkey study results recently said they would expand tests of the pill Truvada, which combines Gilead Science Inc.'s Viread and Emtriva, as a possible preventive for healthy people at high risk of HIV infection.

Gilead, however, has acted to tamp down excitement about the development, in part out of fear that Truvada will be seen as a "bio-medical condom." Health officials, too, are worried: They say the drugs should only be administered along with counseling, condoms and regular

testing.

Truvada, Viread and Emtriva are approved for use by HIV- positive patients, not as a preventive for HIV-negative people. Doctors, however, can prescribe them for "off-label" use; in addition, they are available online. No one knows how many people are taking the pills for prevention, but some experts, including Mitchell Warren of the AIDS Vaccine Advocacy Coalition, suspect their numbers are growing.

Some analysts say this off-label use could come back to haunt Gilead, in particular if the pills are eventually found to be ineffective at preventing infection.

CDC, the National Institutes of Health and the Bill & Melinda Gates Foundation are each funding separate human trials of Viread around

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Spring Calendar:

AIDS Review Panel:

May 11, 2006—Helena

CPG Meetings:

April 28 & 29, 2006—Helena

Governor's AIDS Council:

May 8, 2006—Helena

Trainings:

Missoula, April 25, 26, 2006 University of Montana, CTRS-open to college students and by appointment

Wolf Point, May 31, June 1, 2006 Roosevelt County Health Department, CTRS-open enrollment

For information on future trainings or registration call: 406-444-2675.

Statewide Planning Committee:

May 9, 2006—Helena

Please visit the Back Page for upcoming STD/HIV Prevention events from our partners in the field.

State and Local

PEMS Update

Training for implementation of the new Program Evaluation and Monitoring System (PEMS) has started, with the delivery of a computer based training program, which was mailed to all HIV Prevention contractors in March 2006. PEMS users are in the process of installing digital certificates to access PEMS via the Centers for Disease Control (CDC) secure data network. Once digital certificates have been installed, and PEMS users have completed the computer based training course, the HIV Prevention staff will schedule on-site training, beginning early summer 2006.

A new standardized HIV Counseling, Testing and Referral Form for collecting data was also released in March 2006, by the CDC. All sites receiving HIV prevention funds for counseling and testing services are required to begin using the new form, which will enable the State to capture data electronically for submission to the CDC through the PEMS system.

If you would like additional information related to PEMS, please contact Lisa Underwood at (406) 444-3566 or Lunderwood@mt.gov

Bridger Clinic Offers Free, Off-Site HIV Testing

This March, Bridger Clinic of Bozeman hosted two free HIV testing days to promote Women and Girls' HIV/AIDS Awareness Day. The event consisted of 1 day of free rapid HIV testing in the clinic facility and 1 day in the Montana State University Student Union Building. Both days were advertised through demographic appropriate radio and print advertising targeting men and women aged 16-55 years.

The free testing day offered the opportunity to network with campus services. The MSU Women's Center partnered with Bridger Clinic to promote and execute the campus testing day by marketing the event and providing access to a room in the Stu-

dent Union free of charge. We notified the Student Health Services and Student Counseling Services of our testing and subsequently offered advice on our testing procedures. Neither agency had guidelines for HIV testing and positive test protocol.

During testing, our Health Educators documented client demographics, risk factors, and testing history. Results show 450% more tests were performed during the free promotion than are performed during 2 regular days at the clinic. Further evaluation shows that 60% of the clients tested had never been to Bridger Clinic before and 47% had never had an HIV test before. Twenty percent revealed they had engaged in high risk behavior such as past IV drug use. Demographic evaluation shows that 60% of the clients tested on the free HIV testing day were males, whereas, only 18% are males during a regular day at Bridger Clinic. In addition, of the clients who had never been to Bridger Clinic, 100% noted that they would use Bridger Clinic services in the future and 100% noted they would consider having another HIV test.

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The Word On MAC

In the words of a Missoula AIDS Council client, "the energy has gone from soft runny eggs to a nice French omelet." We are trying more than ever to meet the clients' and community's needs by increasing the office buzz. Think of MAC as a honeycomb with new bees reconstructing a new hive. We like the theme. Our newsletter is called the B.E.E. our first ever website is called the PeoplesHive (an

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National/International Montana Resources:

Weighing in on Testing:

Clinton supports wider AIDS testing

By Patricia Reaney Wed Mar 29, 8:32 AM ET

LONDON (Reuters) - Former U.S. President Bill Clinton voiced support on Tuesday for mandatory testing for HIV/AIDS in countries with high infection rates and the means to provide lifesaving drugs.

When the AIDS epidemic began two decades ago mandatory testing was frowned on because of the stigma attached to the deadly illness and the lack of treatment



Reuters Photo: Former U.S. President Bill Clinton delivers his speech at the third Early Warning Conference.

for those infected.

But Clinton said countries where there was no discrimination against people with the illness and where anti-AIDS drugs were available should now consider universal testing.

"I think there needs to be a total rethinking of this testing position in the AIDS community and a real push for this," Clinton told journalists during a briefing in London.

He said he only supported introducing mandatory testing if the country itself wanted to do it and could guarantee there would be no discrimination and full access to life-saving medication.

More than 40 million people worldwide are estimated to be living with HIV/AIDS but many do not know they are infected.

"Now we can save people's lives and we can reduce the stigma. There is no way

Bush Admin. \$15B AIDS Plan Questioned

By RITA BEAMISH Tue Apr 4, 10:00 PM ET

The Bush administration's \$15 billion global AIDS initiative is emphasizing sexual abstinence and fidelity more than Congress intended, and that focus is undermining prevention efforts in poor countries, congressional investigators said Tuesday.

U.S. teams on the ground in Africa and other poor areas told Congress' Government Accountability Office that the requirement that they spend a specific percentage of their money on abstinence is hurting some efforts to tailor prevention programs to countries' needs.

The directives are creating confusion and forcing reduction in some programs deemed necessary for pregnant women, high-risk groups like truck drivers and sex workers, married couples and sexually active youths, the GAO said.

President Bush's five-year plan touts a three-pronged approach to AIDS prevention — commonly called "ABC" — that combines abstinence, fidelity ("being faithful") and condoms in target countries.

The GAO reported there was "general consensus" among public health experts internationally that the three-pronged prevention approach "can have a positive impact in combating HIV/AIDS."

But it recommended Congress evaluate the effectiveness of the abstinence spending formulas, and the administration consider changing how it implements the law. "Lack of clarity in the ABC guidance has created challenges for a majority of focus country teams," the GAO reported.

"For example, although the guidance restricts activities promoting condom use, it does not clearly delineate the difference between condom education and condom promotion, causing uncertainty over whether certain condom-related activities are permissible," the report said.

The State Department told the GAO it will work to change the regulations to make them clearer.

The GAO also said the administration has gone beyond the abstinence require-

Montana Targeted Prevention (MTAP) Partners: Updated Contacts

- **Connections:** Eddie Rudd, 556-1139
- **Blackfeet Outreach Services:** Martha Harrison, 338-7808
- **Butte AIDS Support Services:** Frank Gary, 491-7768
- **Flathead Family Planning:** Wendy Doely, 751-8155.
- **Missoula AIDS Council:** Nancy Cunningham, 543-4770
- **Northern Cheyenne Board of Health:** Janet Wolfname, 477-4510
- **Open Hands Foundation:** Danae Kissner, 727-3064
- **Yellowstone AIDS Project:** Becky Webber-Dereszynski, 245-2029

For a comprehensive list of STD Clinics, HIV Testing Sites, and HIV Prevention Contractors, visit the Montana DPHHS STD/HIV Prevention Website:

<http://www.dphhs.mt.gov/PHSD/STD-HIV/std-hiv-index.shtml>

Please visit the Back Page for upcoming STD/HIV Prevention events from our partners in the field.

The Montana STD/HIV Newsletter is as much for our contractors getting out information as for us here at the State. Please look for quarterly requests for information you would like to share with your partners in STD/HIV prevention.

Thank you to the folks at MTAP, MAC, and FDH & Associates and the Bridger Clinic for their contributions.

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they don't intend to give it "to housewives in Peoria," as Paxton puts it.

Some uninfected gay men already are getting the drugs from friends with AIDS or doctors willing to prescribe them to patients who admit not using condoms. This kind of use could lead to drug resistance and is one reason officials are rushing to expand studies.

"We need information about whether this approach is safe and effective" before recommending it, said Dr. Susan Buchbinder, who leads one study in San Francisco. The drugs are tenofovir (Viread) and emtricitabine, or FTC (Emtriva), sold in combination as Truvada by Gilead Sciences Inc., a California company best known for inventing Tamiflu, a drug showing promise against bird flu.

Unlike vaccines, which work through the immune system — the very thing HIV destroys — AIDS drugs simply keep the virus from reproducing. They already are used to prevent infection in health care workers accidentally exposed to HIV, and in babies whose pregnant mothers receive them.

Taking them daily or weekly before exposure to the virus — the time frame isn't known yet — may keep it from taking hold, just as taking malaria drugs in advance can prevent that disease when someone is bitten by an infected mosquito, scientists believe.

Monkeys suggest they are right. Specifically, six macaques were given the drugs and then challenged with a deadly combination of monkey and human AIDS viruses, administered in rectal doses to imitate how the germ spreads in gay men.

Despite 14 weekly blasts of the virus, none of the monkeys became infected. All but one of another group of monkeys that didn't get the drugs did, typically after two exposures.

"Seeing complete protection is

very promising," and something never before achieved in HIV prevention experiments, said Walid Heneine, a CDC scientist working on the study.

What happened next, when scientists quit giving the drugs, was equally exciting.

"We wanted to see, was the drug holding the virus down so we didn't detect it," or was it truly preventing infection, said Folks, head of the CDC's HIV research lab. It turned out to be the latter. "We're now four months following the animals with no drug, no virus. They're uninfected and healthy."

Years of previous monkey studies using tenofovir alone had shown partial protection. The scientists thought to add the second drug, FTC, when Gilead's combination pill, Truvada, came on the market last year.

The results, announced at a scientific meeting last month in Denver, so electrified the field that private and government funders alike have been looking at ways to expand human testing.

"This is an approach we've considered for a long, long time," but didn't try sooner because AIDS drugs had side effects and risks unacceptable for uninfected people, said Dr. Mary Fanning, director of prevention research at the National Institute of Allergy and Infectious Diseases.

Tenofovir changed that when it came on the market in 2001. It is potent, safe, stays in the bloodstream long enough that it can be taken just once a day, doesn't interact with other medicines or birth control pills, and spurs less drug resistance than other AIDS medications.

The CDC last year launched \$19 million worth of studies of it in drug users in Thailand, heterosexual men and women in Botswana, and gay men in Atlanta and San Francisco. A third U.S. city, not yet identified, will be added, CDC announced last week.

Because of the exciting new mon-

key results, the Botswana study now will be switched to the drug combination; the others are well under way with tenofovir alone.

Furthest along is a study of 400 heterosexual women in Ghana by Family Health Initiative. The Bill & Melinda Gates Foundation funded it and others in Cambodia, Nigeria, Cameroon and Malawi, but the rest were doomed by rumors, including fears that scientists wanted to deliberately expose people to HIV or that study participants who got infected might not have access to treatment. In other cases, activists demanded better health care or clean needles for drug users as a condition for allowing the studies to proceed.

Such problems are "part of the HIV prevention landscape" in many foreign countries, said Dr. Helene Gayle, who formerly oversaw AIDS research for the Gates Foundation.

Expense also could limit use of the drugs. Gilead donated them for the studies and sells them in poor countries at cost — 57 cents a pill for tenofovir and 87 cents for Truvada, the combination drug. That's more than the cost of condoms, available for pennies and donated by the truckload in Africa, but often unused.

In the United States, wholesale costs are \$417 for a month of tenofovir and \$650 for Truvada.

Still, health officials are hopeful the drugs could fill an important gap.

The National Institute of Health is starting a tenofovir study in 1,400 gay men in Peru. Private and government funders are considering others. Tenofovir also is being tested in microbicide gels that women could use vaginally to try to prevent catching HIV.

"If you're in an area where there's a really high HIV incidence, something that's even 40 percent effective could have a huge impact," Paxton said.

And in the Atlanta labs where Heneine, Folks and others are still minding the monkeys, "the level of enthusiasm is pretty high," Heneine said. "This is very promising. For us to be involved in a potential solution to the big HIV crisis and pandemic is very exciting."

(Continued from page 1) **Reluctant**

the world to learn whether it could be an effective prevention pill. Other than providing the Viread, Gilead is not deeply involved in these studies. The idea that any of their drugs can be used to prevent AIDS is promising but preliminary, company officials say, because most of the available data come from monkey studies. But because the monkey trial results have been so promising, officials are now planning to switch one human trial from Viread to the combination.

UNITED STATES; CAN- ADA; BRAZIL:

"Cervical Cancer Vaccine Gives Long Protection — Study" back to top
Reuters, (04.06.2006)

In a new study, researchers report that women given the vaccine Cervarix maintained high levels of antibodies against two types of human papillomavirus (HPV) for up to 4.5 years after receiving their last dose. HPV strains 16 and 18 cause more than 70 percent of cervical cancer, a disease that kills 230,000 women a year, chiefly in the developing world.

"These findings set the stage for widescale adoption of HPV vaccination for prevention of cervical cancer," said lead author Dr. Diane Harper of Dartmouth Medical School.

Harper and colleagues followed 800 women who took part in the original trial, in which Cervarix was compared to a placebo. They found the vaccinated women had high levels of antibodies to strains 16 and 18, and the levels did not decrease over time. In addition, the vaccine conferred protection against new and persistent infections and showed effectiveness against strains 45 and 31, which are the third- and fourth-most prevalent cancer-causing types of HPV.

"The results show sustained immune response and long-term effi-

(Continued on page 7)

Notable Dates in AIDS Epidemic

By The Associated Press Mon Mar 27, 2:51 PM ET

June 5, 1981: The U.S. Centers for Disease Control and Prevention reports five gay men in Los Angeles are suffering from a rare pneumonia found in patients with failing immune systems.

May 1983: The virus that causes AIDS is identified.

December 1984: Ryan White, a 13-year-old Indiana boy, is diagnosed with AIDS. He contracted it through a blood-clotting agent used to treat his hemophilia. The following year he is barred from school for fear the disease will spread.

Oct. 2, 1985: Hollywood superstar Rock Hudson dies after a yearlong battle with AIDS, the first reported celebrity AIDS death.

May 26, 1988: The U.S. government mails "Understanding AIDS," an educational pamphlet to 110 million American homes.

Aug. 18, 1989: The number of AIDS cases reported in the United States reaches 100,000.

April 8, 1990: Ryan White dies.

June 1991: By the 10-year anniversary of AIDS, more than 250,000 Americans have been diagnosed with it and up to 1.5 million more people are infected with HIV.

Nov. 7, 1991: Los Angeles Lakers star Magic Johnson announces he has HIV and says he is retiring from basketball. He encourages Americans to practice safe sex.

Dec. 7, 1995: The Food and Drug Administration approves a new class of drugs for treating HIV, protease inhibitors, a move the government calls some of the most hopeful news in years for AIDS patients. The drugs help transform the disease to a manageable chronic illness.

Feb. 27, 1997: The government reports a 13 percent drop in AIDS deaths in the first half of 1996, the first significant drop in the epidemic's history.

Jan. 31, 1999: Researchers report they have convincing proof that the

AIDS virus has spread three separate times from chimpanzees to people in Africa — one of the transmissions starting the worldwide epidemic.

June 2001: At the 20th anniversary of AIDS, the number of Americans diagnosed with the disease tops 700,000. More than 420,000 have died. Worldwide, more than 36 million people are now infected with the AIDS virus, with more than 16,000 new infections each day.

Aug. 23, 2001: The growing scale of the AIDS epidemic in China is acknowledged for the first time by its government.

Oct. 16, 2001: South African health officials issue a report on the devastating impact of the HIV/AIDS epidemic in that country.

Nov. 7, 2002: The FDA approves an easy-to-use 20-minute HIV test.

Jan. 28, 2003: President Bush in his State of the Union address proposes \$15 billion in funding over the next five years for emergency AIDS relief in Africa and the Caribbean.

Feb. 17, 2004: A UN report warns of the growing AIDS crisis in Eastern Europe and the former Soviet Union.

Mar. 24, 2004: The FDA approves an oral HIV test that gives results in 20 minutes.

Jan. 6, 2005: Nelson Mandela, former President of South Africa, announces the death of his son due to AIDS-related complications hoping that such openness will fight the stigma of AIDS.

Nov. 21, 2005: A new UN report contains some good news about decreases in HIV infection rates in some countries but also includes the bad news that the numbers of AIDS cases is still on the increase.

December 2005: UNAIDS estimates the number of deaths worldwide from AIDS in 2005 at 3.1 million; the number of people living with the AIDS virus is estimated at 40.3 million.

(Continued from page 3) **Clinton**

we are going to reduce the spread of this epidemic without more testing because 90 percent of the people who are HIV positive don't know it," he added.

LESOTHO TEST CASE

Clinton, whose foundation has been working to bring quality medical care and cheaper drugs to sufferers in poor countries, said this year Lesotho would become the first country to do universal testing.

He said he regarded it as a test case to see whether rapid tests, costing 49-65 cents each, and drugs can reduce the 27 percent infection rate in the southern African country. A budget of \$100 million could pay for 200 million tests.

"The whole idea is to treat this as a public health problem, not as some source of shame or disgrace and to keep as many people alive as possible," he explained.

The first aim is to stop infections and the second to save the lives of those who are infected.

"I would be for whatever accomplishes those objectives," Clinton said.

He added the question was not whether a country was rich or poor but its infection rate. When the level of infection reached a critical point it imperiled the public health structure and social stability, making it more difficult to bring rates down.

Since leaving the White House Clinton has devoted much of his attention to getting anti-AIDS drugs to poor countries at the cheapest possible prices through the Clinton Foundation HIV/AIDS Initiative (CHAI).

It is working with 22 countries in Africa, the Caribbean and Asia to provide anti-AIDS drugs to more than a quarter of a million patients through special drug deals.

"I made up my mind that I would not spend the rest of my life wishing I was still president," he said when asked about his post-presidency projects.

"Once you let it go, you have got to let it go."

(Continued from page 3) **Bush**

ment for a major new account Congress created to fight AIDS, mostly in 15 target countries with high rates of the disease. Congress said a third of those prevention funds must go to abstinence and fidelity programs.

The administration, however, extended the same spending formulas to other U.S. funds that fight HIV/AIDS in countries around the world, drawing sharp criticism from some Congress members and activists.

Mark Dybul, the State Department's deputy global AIDS coordinator, said the Bush administration believes all three components need to be emphasized in all 120 countries that get U.S. money for HIV/AIDS, not just the target countries.

"It's important to have guidance that shifted us from where we were, which was not a good situation," he said. "It was too much 'C' (condoms)" prior to Bush's three-year-old program, he added.

As to the GAO's finding that the approach is undermining some anti-AIDS efforts, Dybul said, "There are always challenges when you are changing things." He said U.S. teams in some countries exceeded the minimum required spending for abstinence because they found it was the most effective strategy.

The Associated Press reported earlier this year that the administration has handed out nearly one-quarter of its AIDS grants to religious groups, and has been aggressively pursuing new church partners that often emphasize prevention through abstinence and fidelity over condoms.

Dybul said Congress, which increased Bush's overall AIDS money requests, allocated 12 percent less than Bush asked for the 15 target countries. That extra money could have beefed up all prevention strategies instead of forcing teams on the ground to make tradeoffs, he said.

The report re-ignited debate over how best to fight HIV/AIDS. Rep. Barbara Lee (news, bio, voting record), D-Calif., said it "demonstrates the Bush administration's willingness to make AIDS prevention policy a political plaything in their ongoing effort

to appease the radical right."

Rep. Chris Smith, R-N.J., defended the administration's approach, saying the report was "politically biased."

"One of the most underreported international stories is the President's Emergency Plan for AIDS Relief and the ABC approach are working," Smith said.

GAO report author David Gootnick said the nonpartisan agency used standards that were "methodologically rigorous, vetted extensively," including a standard set of questions and evaluations for U.S. field workers.

The GAO surveyed the 15 target countries, plus five others that receive more than \$10 million in U.S. help to fight the epidemic.

U.S. teams in 17 countries told the GAO that meeting the spending requirements for abstinence and fidelity "challenges their ability to develop interventions that are responsive to local epidemiology and social norms."

While Bush's AIDS program also includes unprecedented spending for treatment and care, the GAO report focused on prevention.

The administration follows a congressional recommendation that 20 percent of the overall AIDS money be reserved for preventing HIV/AIDS, and mandates a third of prevention money emphasize abstinence until marriage and faithfulness to one partner. The rest goes to condoms and efforts to reduce mother-to-child transmission and intravenous transmission.

The Bush administration refined the mandate to require that half of all prevention money be reserved for programs against sexual transmission of HIV, with two-thirds of that amount for abstinence and fidelity.

Rep. Henry Waxman (news, bio, voting record), D-Calif., in a letter Tuesday to Secretary of State Condoleezza Rice, said those abstinence messages don't always work in countries with high rates of sexual transmission.

"The effect may well be to misallocate funds in countries with fast-growing HIV epidemics driven primarily by intravenous drug use or commercial sex, such as Russia and India," Waxman said.

UNITED STATES: Health Officials Cast Web at STDs

Los Angeles Times (04.04.06) - Wednesday, April 05, 2006

Daniel Costello

Health officials in Los Angeles, San Francisco, and other cities are using the Web as a means of bringing disease prevention online.

"Clearly, we are at the beginning of tapping this technology," said Dr. Ronald Valdiserri of CDC's National Center for HIV, STD and TB Prevention. "We're starting to find that we can use the Internet to help reach people in ways we couldn't otherwise."

People who meet others on the Web are more likely to practice risky sex and have an STD, research shows. One Los Angeles study found that nearly 25 percent of 587 gay men diagnosed with syphilis had met one or more partners online around the time they were infected; of them, two-thirds were HIV-positive. The Internet is also used by men to serosort, or meet those who have the same HIV serostatus, or to date only those who do or do not use condoms.

"The Internet removes the embarrassment factor, so people can honestly talk about what they are doing and what their risks are," said Deborah Levine, director of the nonprofit STD prevention organization Internet Sexuality Information Services.

San Francisco's Department of Public Health allows clients to schedule anonymous STD testing through a Web site, where they can also log in to receive test results. Los Angeles County's inspotla.org, a site co-sponsored by AIDS Healthcare Foundation, allows clients with STDs to anonymously advise sex partners to seek testing. On Valentine's Day, AIDS Project Los Angeles launched mysexycity.com, a site where users can play characters facing risky sexual choices and learn their consequences. Sexual-oriented sites are also opening up to the presence of AIDS educators in chat rooms and to health advertisements.

(Continued from page 5) **Cancer Vaccine** cacy against HPV-16 and HPV-18 infection," Harper said.

The maker of Cervarix, GlaxoSmith-Kline Plc, in March submitted an application seeking approval by the European Medicines Agency. In December, Merck & Co. Inc. applied for US and European approval of its HPV vaccine, Gardasil.

The full report, "Sustained Efficacy Up to 4.5 Years of a Bivalent L1 Virus-Like Particle Vaccine Against Human Papillomavirus Types 16 and 18: Follow-up from a Randomised Control Trial," was published online in The Lancet (doi: 10.1016/S0140-6736(06)68439-0).



Reuters - Mon Apr 10, 2:58 PM ET
Grammy award-winning singer Alicia Keys (R), President of AIDS Healthcare Foundation Michael Weinstein (L), and Winnie, a 9-year-old who is HIV/AIDS positive, pose for a photograph at a AIDS healthcare foundation in Masaka.

(Continued from page 2) **The Word On MAC** electronic resource for people living with HIV) and the office is taking on the moniker—The Honeycomb. We want it to be a solid environment full of trust, compassion, and hope.

RECIPE FOR A MAKEOVER

Ingredients: Nancy Cunningham has returned as the Executive Director, Jeri continues as the office manager. Lindsey leads

prevention, Christopher and Kristie arrange housing for clients, Gary supports the community, and Heather supervises outreach.

1. Play musical chairs—let everyone recreate their space and delve into their responsibilities.
 2. Amplify original programs: Youth Survival Program, HIV+ Speakers Bureau, risk reduction, housing, HIV counseling and testing, outreach, and general social support.
 3. Build a pantry and fill it with household/healthcare items low-income individuals cannot acquire at the local food bank.
 4. Create a social service coordinator position for someone gregarious to act as a liaison between administrators and clientele.
 5. Publish a newsletter to share the organizations dreams and happenings. Include an open forum for clients to express themselves.
 6. Construct a website to meet the number one intervention tool for PLWHA needs.
 7. Share the success with other providers.
- It's great here!

The Montana STD/HIV Newsletter is as much for our contractors getting out information as for us here at the State. Please look for quarterly requests for information you would like to share with your partners in STD/HIV prevention. Thank you to the folks at MTAP, MAC, and FDH & Associates and the Bridger Clinic for their contributions.

DPHHS

STD/HIV Prevention Section

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We're on the WEB!!

<http://www.dphhs.mt.gov/PHSD/STD-HIV/std-hiv-index.shtml>

The Back Page

HIV News

April 27, 2006 – A CDC Satellite Broadcast on Recruitment Strategies for CTR covers the rationale for the use of social networks as a recruitment strategy for HIV counseling, testing, and referral services; the components of the social networks strategy; how to assess an organization's readiness for using the strategy; and available training and technical assistance. This will broadcast from 11-1PM MST. Webcast at, www.phppo.cdc.gov/phtn

HIV+ Retreat May 1,2

The retreat is open to HIV+ people across the state of Montana and is free. However, accommodations are limited so RSVP ASAP! To Register contact Becky Webber-Dereszynski at 406-245-2029 for more Info! [Red Lodge, MT]

Gay Men's Chorus Spring Concert May 6

7:30pm at the Music Recital Hall on UM Campus. \$12 general admission or \$10 for students/seniors. For Information or call 406-370-9876. [Missoula MT]

National STD Prevention Conference May 8-11 [Jacksonville, FL]

Rising Hope: HIV+ Partners Health Retreat May 12-14

Call 406-829-8075 or Email FDH for Information [Holland Lake Lodge, MT]

Open Hands Foundation Dance and Fundraiser May 12

At Black Eagle Community Center. For more info email open_hands_foundation@yahoo.com [Great Falls, MT]

PAWS for our Cause: 2nd Annual HIV/AIDS Awareness Pet Walk May 20

Sponsored by YAP. At West High School. Registration starts at 8:30 AM and the walk starts at 9:30 AM. To Register contact Becky Webber-Dereszynski at 406-245-2029 or email Becky for more Info or click here! [Billings, MT]

Ryan White Workshops May 25

Topic: **The Meth Impact**. Presented by Kathy Woodward. Workshops are held in the upstairs conference room at the Yellowstone City-County Health Dept at 11:30 - 1pm. Contact Jay Goehring at 406-247-3376. [Billings MT]